Strengthening of Public Health Services in Uttaranchal

*298. SHRI HARISH RAWAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to improve the standard and functioning of the Central/State Government hospitals, primary health centres and community health centres set up in the rural areas of the country specially in hilly and backward areas of Uttaranchal; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) Under National Rural Health Mission (NRHM), it is proposed to provide quality health services through strengthening of health infrastructure, adequate and regular supply of essential quality drugs and equipment, observance of standard treatment guidelines and protocols. Primary Health Centres (PHCs) will be strengthened for 24 hrs. delivery services. The Community Health Centres [(CHCs) 30-50 beds] would be operationalised as 24 hours First Referral Units (FRUs). CHCs are being upgraded to Indian Public Health Standards (IPHS). Manpower requirements of these facilities are also being strengthened.

Indian Public Health Standards for CHCs have been prepared and shared with the States. IPHS for PHCs is under preparation. Rogi Kalyan Samiti/Hospital management committee with the involvement of Panchayati Raj Institution are being constituted at the PHC, CHC, sub-divisional and district hospitals. Citizen's Charter is an important component of IPHS. The states have identified 2 CHCs per district for upgradation to Indian Public Health Standards. An amount of Rs. 205 Crore has been released to the states for such upgradation @ Rs. 20 lakhs per CHC for 2 CHCs per district during 2005-06. Rupees 520 lakhs have been released to Uttaranchal State for upgradation of 26 CHCs to IPHS. Besides, Rs. 10,000/- per Sub-centre has been released to the state of Uttaranchal, totalling Rs. 1.53 Crores during 2005-06.

World Bank assisted Health System Development Project with an estimated cost of Rs. 77.6 crores is being implemented in the state of Uttaranchal to provide quality health care services to rural people, to

provide viable first referral mechanisms *i.e.* at the level of CHCs, Sub-divisional hospitals and district hospitals, to improve the health status of poor and underserved by reducing mortality, morbidity and disability and to improve efficiency in allocation and use of health resources through policy reform and institutional development.

Resolution against two-child norm

*299. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a meeting of the reconstituted National Commission on Population was held recently;

(b) whether it is also a fact that there was a resolution against implementation of two-child norm in the country; and

(c) if so, the reasons for implementing two-child norm by Government?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) Yes, Sir, the first meeting of the reconstituted National Commission on Population was held on 23rd July, 2005, under the chairmanship of Hon'ble Prime Minister. Though the issue of two child norm was discussed in the meeting, no resolution regarding implementation of the two-child norm in the country was adopted by the Commission. In fact, the National Population Policy, 2000, affirms the commitment of Government towards voluntary and informed choice and consent of citizens while availing reproductive health care services and continuation of target free approach in administering family planning services. The family welfare programme in India is purely voluntary in nature, which enables couples to decide the size of their family and adopt the family planning methods, best suited to them, according to their choice, without any coersion.

Procurement in NER

*300. SHRIMATI SYEDA ANWARA TAIMUR: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state: